

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

LOBBYIST REGISTRATION FORM



129 12003

RECEIVED

(See back of this form for instructions), (Type or Print Clearly) PART I **LOBBYIST** NAME(Last) (First) (Middle) TELEPHONE 373-3609 MONDS (Street) (Zip Code) Kapiola EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE 525-7440 MAILING ADDRESS (Street) (City) (State) (Zip Code) **ORGANIZATION** NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE 525-7440 (Street) (City) (State) (Zip Code) NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMEN TELEPHONE 373-3609 MAILING ADDRESS (City) (State) (Zip Code) **DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT** Science, Technology & Economic Development Agriculture Education Human Services Intergovernmental Relations, [International Affairs Communications & Public Utilities Tourism & Recreation Government Operations & Finance Transportaion Consumer Protection & Hawaiian Affairs Labor & Employment Commerce Planning, Land & Water Use Management Culture, Arts, Historic Health Other: (indicate below) First amendment Preservation Ecology, Energy, Environmental Protection Public Safety & Corrections Housing public adva CERTIFICATION OF LOBBYIST **PART IV** I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. 26,2003 (Date) (Signature of Lobbyist) AUTHORIZATION TO LOBBY **PART V** TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME NAME OF ORGANIZATION (if applicable) (Zip Code) (City) (State) MAILING ADDRESS (Street) activities on behalf of the undersigned. I hereby authorize the above-named person to engage in lobbying

LREG 01/96

(Signature of Authorizing Officer or Person Represented)